

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90087 027 ***150.00

DOCUMENT # P94000077065

1. Entity Name

LEONE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

3909 VINEYARD GREET DRIVE
 CINCINNATI OH 45255
 US

3909 VINEYARD GREET DRIVE
 CINCINNATI OH 45255
 US

2. Principal Place of Business

6209 Cypress Bend Court

3. Mailing Address

6209 Cypress Bend Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

University Park FL

City & State

University Park FL

4. FEI Number

65-0565936

Applied For

Not Applicable

Zip

34201

Country

USA

Zip

34201

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEONE, DOROTHY R
 13438 WILLIAM MEYER CT.
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Dorothy R. Leone
 Street Address (P.O. Box Number is Not Acceptable) 6209 Cypress Bend Court
 City University Park **FL** Zip Code 34201

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Dorothy R. Leone Dorothy R. Leone
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-24-2000
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> Delete
NAME	LEONE, DOROTHY R	
STREET ADDRESS	13438 WILLIAM MEYER CT.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEONE, PHILIP E	
STREET ADDRESS	11000 PROSPERITY FARMS ROAD STE 104	
CITY-ST-ZIP	13438 WILLIAM MEYER CT FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President Owner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy R. Leone	
STREET ADDRESS	6209 Cypress Bend Court	
CITY-ST-ZIP	University Park FL 34201	
TITLE	Secretary of Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philip E. Leone	
STREET ADDRESS	6209 Cypress Bend Court	
CITY-ST-ZIP	University Park FL 34201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy R. Leone President/Owner 1-24-00 (941) 360-6518
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC34 (9/98)